U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	1 / 1 / 2004 Through: 12 / 31 / 2004	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name JEFFREY T DIORIO	Name LIUNA 17	
	Labor Organization File Number 047-525	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 4 BILLESIMO DRIVE	Street 451A LITTLE BRITIAN ROAD	
City MARLBORO	City NEWBURGH	
State New York ZIP Code + 4 12542	State New York ZIP Code + 4 12550	
5. Position in labor organization. PRESIDENT, FEILD REP., PENS & ANNUATY		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	

Signature

ZIP Code + 4

7.b. Amount.

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ing docu	ments), has been exar	nined by the signatory and is, to the best of the
Signed Off T Winio	On	\$-9-05 Date	845-236-3842 Telephone Number

Name

Street

City

State

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Name of Parson Filing	THEMPER DIODIO	File Number U-
Name of Person Filing	JEFFREY DIORIO	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or

ZIP Code + 4

or Consultant

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(2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name N.Y. STATE LABORERS DISTICT COUNCIL X a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ALBANY State New York ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. CONFERENCE IN COOPERSTOWN GOLF ROOM BREAKFAST Trade Name, if any: SHIRT P.O. Box, Bldg., Room No., if any Street \$300 11.b. Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount. C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name

14.b. Amount of payment.

Trade Name, if any:

Street

City

State

P.O. Box, Bldg., Room No., if any

Name of Person	Filina	Vacatar.	DTOPTO
Name of Ferson	mmu	UEFFREY	DIOKIO

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

ZIP Code + 4

or Consultant

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File Number U-

of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name N.Y. STATE LABORERS DISTICT COUNCIL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ALBANY State New York ZIP Code + 4	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. JAN. D.C. MEETING WESTCHESTER LOCAL 235
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$45 12.a. Nature of interest held or income received. LUNCH
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	12 h Amount
	12.b. Amount.
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money	er parts A and B above)
	er parts A and B above)
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	er parts A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	er parts A and B above) or other thing of value.

14.b. Amount of payment.

13.b. Is the Business an Employer

DCZ			
Name	of Person Filing JEFFREY DIORIO		File Number U-
substa of an e (2) any	I an interest in or derived income or economic benefit with monetary valuation or which consists of buying from, selling or leasing to, or other mployer whose employees your labor organization represents or is actipart of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise	5
	e and address of Business (including trade name, if any). N.Y. STATE LABORERS DISTICT COUNCIL	9. Business deals with:	
	Name, if any: iox, Bldg., Room No., if any	a. Labor Organiza	tion
Street	AT DANIV	c. Employer	
City State	ALBANY New York ZIP Code + 4		
10. If 9	.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali FEB. D.C. MEETING LOCAL 17	ng.
	Name, if any:		
Street	ox, Bldg., Room No., if any	11.b. Approximate dollar valu	ue of such dealing. \$30
City State	ZIP Code + 4	12.a. Nature of interest held LUNCH	d or income received.

C. Received from any employer (ot or from any labor relations consultant to			
13.a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

12.b. Amount.

Name of Person Filing JEFFREY DIORIO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary valuables substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name N.Y. STATE LABORERS DISTICT COUNCIL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ALBANY State New York ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. MARCH D.C. MEETING LOCAL 190
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$40 12.a. Nature of interest held or income received. LUNCH
C. Received from any employer (other than an employer covered unde	
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	14.a. Nature of payment.
P.O. Box, Bldg., Room No., if any	

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

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Street

City

Name of Person	Filina	VEGEGET	DTORTO

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	vise dealing with the business rely seeking to represent, or irectly to, or otherwise
Name and address of Business (including trade name, if any).	9. Business deals with:
Name N.Y. STATE LABORERS DISTICT COUNCIL	X a. Labor Organization
Trade Name, if any:	b. Trust
P.O. Box, Bldg., Room No., if any	c. Employer
Street	
City ALBANY	
State New York ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	MAY D.C. MEETING LOCAL 17
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$40
City	12.a. Nature of interest held or income received.
City State ZIP Code + 4	12.a. Nature of interest held or income received. LUNCH
	12.b. Amount.
State ZIP Code + 4 C. Received from any employer (other than an employer covered under	12.b. Amount.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money	12.b. Amount. or parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	12.b. Amount. or parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. or parts A and B above) or other thing of value.
C. Received from any employer (other than an employer covered undor from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	12.b. Amount. or parts A and B above) or other thing of value.

14.b. Amount of payment.

ZIP Code + 4

or Consultant

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13.b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name N.Y. STATE LABORERS DISTICT COUNCIL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ALBANY State New York ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. SEPTEMBER D.C. MEETING LOCAL 17	
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$40 12.a. Nature of interest held or income received. LUNCH 12.b. Amount.	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any		

14.b. Amount of payment.

13.b. Is the Business an Employer

ZIP Code + 4

or Consultant

?

Street

City

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name N.Y. STATE LABORERS DISTICT COUNCIL		
Trade Name, if any:	X a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street	c. Employer	
City ALBANY		
State New York ZIP Code + 4		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing. NOVEMBER D.C. MEETING	
Name	LOCAL 190	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	LUNCH	
	12.b. Amount. \$35	
	TELE FAIRCOIN. 935	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

Name of Person Filing	JEFFREY DIORIO	File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name N.Y. STATE LABORERS DISTICT COUNCIL Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City ALBANY State New York ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. DECEMBER D.C. MEETING LOCAL 235		
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. \$65 12.a. Nature of interest held or income received. X-MAS PARTY LUNCH		
	12.b. Amount.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly of dealing with your labor organization or with a trust in which your labor organization.	therwise dealing with the business actively seeking to represent, or r indirectly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LOCAL 17 PAC FUND	X a. Labor Organization	
Trade Name, if any:	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 451A LITTLE BRITIAN ROAD		
City NEWBURGH		
State New York ZIP Code + 4 12550		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PAC FUND, NANCY CALHOUN	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	GOLF TOURNAMENT GOLF LUNCH	
	12.b. Amount. \$75	
C. Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of mo		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name LOCAL 17 PAC FUND		
Trade Name, if any:	X a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street 451A LITTLE BRITIAN ROAD	c. Employer	
City NEWBURGH State New York ZIP Code + 4 12550		
State New York ZIP Code + 4 12550		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PAC FUND, TOM KIRWIN FUND RAISER	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City	Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.	
State ZIP Code + 4	APPETISER, DRINKS	
	12.b. Amount. \$50	
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
12 h la tha Business on Employer ar Consultant 2	14.b. Amount of payment.	

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name LOCAL 17 PAC FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 451A LITTLE BRITIAN ROAD City NEWBURGH	9. Business deals with: xi a. Labor Organization b. Trust c. Employer	
State New York ZIP Code + 4 12550		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PAC FUND, JIM BARNICLE FUND RAISER	
Street	11.b. Approximate dollar value of such dealing.	
City State ZIP Code + 4	12.a. Nature of interest held or income received. APPETISER, DRINKS	
	12.b. Amount. \$50	
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.	

or from any labor relations consultant to an employer any payment of money or other thing of value.		or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.	
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

Name of Person Filing	JEFFREY DIORIO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is activ (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organiza	lirectly to, or otherwise	
Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 17 TRAINING FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization X b. Trust c. Employer 11.a. Nature of such dealing. TRAINING FUND	
Street 451C LITTLE BRITIAN ROAD City NEWBURGH State New York ZIP Code + 4 12550	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. TRAINING HOLIDAY PARTY	
	12.b. Amount. \$75	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	14.a. Nature of payment.	
State ZIP Code + 4		

14.b. Amount of payment.

13.b. Is the Business an Employer

or Consultant

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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LOCAL 17 BENEFIT FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PENSION, HEALTH AND WELFARE, ANNUITY, LECET, AND TRAINING FUND
Street 451B LITTLE BRITIAN ROAD City NEWBURGH State New York ZIP Code + 4 12550	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. YEARLY HOLIDAY PARTY
C. Received from any employer (other than an employer covered unde	12.b. Amount. \$70 er parts A and B above)
or from any labor relations consultant to an employer any payment of money	

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

ZIP Code + 4

or Consultant

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File Number U-

of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	irectly to, or otherwise		
8. Name and address of Business (including trade name, if any). Name N.Y. STATE LABORERS Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 18 CORPORATE WOOD BLVD. City ALBANY State New York ZIP Code + 4	9. Business deals with: X a. Labor Organization b. Trust c. Employer 11.a. Nature of such dealing.		
10. If 9.b. or 9.c. is checked give trust or employer's name.	LEADERSHIP CONFERENCE @ CORNELL UNIVERSITY		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street	Ad b. Annessiments della value of outle depline		
City	Approximate dollar value of such dealing. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received.		
State ZIP Code + 4			
	12.b. Amount.		
	12.b. Allouit.		
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			

14.b. Amount of payment.

13.b. Is the Business an Employer

Name of Person Filing JEFFREY DIORIO

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	firectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization X b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. LABORERS EMPLOYERS COOPERATION EDUCATION TRUST
Street 451B LITTLE BRITIAN ROAD	11.b. Approximate dollar value of such dealing.
City NEWBURGH State New York ZIP Code + 4 12550	12.a. Nature of interest held or income received. HABITAT FOR HUMANITY GOLF OUTING GOLF SHIRT LUNCH
	12.b. Amount. \$100
C. Received from any employer (other than an employer covered undo or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	
Name	

13.a. Name and address of Employer or Lab (including trade name, if any).	or Relations Consultant		14.a. Nature of payment.	
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
Street				
City				
State	ZIP Code + 4			
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.	

Name of Person Filing JEFFREY DIORIO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or included ing with your labor organization or with a trust in which your labor organization.	vise dealing with the business vely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. LABORERS EMPLOYERS COOPERATION EDUCATION TRUST
Street 451B LITTLE BRITIAN ROAD City NEWBURGH State New York ZIP Code + 4 12550	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. MT. ST. MARYS GOLF OUTING GOLF SHIRT LUNCH BALLS
C. Received from any employer (other than an employer covered under	12.b. Amount. \$125 er parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
		14.b. Amount of payment.

?

or Consultant

Name of	Person	Filina	TEFFPEV	DIOPIO

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b. or 9.c. is checked give trust or employer's name. LABORERS EMPLOYERS COOPERATION EDUCATION TRUST Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 451B LITTLE BRITIAN ROAD 11.b. Approximate dollar value of such dealing. City NEWBURGH 12.a. Nature of interest held or income received. BON SECURE GOLF OUTING ZIP Code + 4 12550 State New York GOLF LUNCH BALLS 12.b. Amount. \$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant ?	,	14.b. Amount of payment.

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Name of Person Filing	JEFFREY DIORIO	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name LABORER'S LOCAL 17 LECET FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 451B LITTLE BRITIAN ROAD

City NEWBURGH

State New York

ZIP Code + 4 12550

X b. Trust

c. Employer

11.a. Nature of such dealing.

LABORERS EMPLOYERS COOPERATION EDUCATION TRUST

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

ULSTER & SULLIVAN COUNTY BLDG TRADERS GOLF OUTING GOLF

LUNCH BALLS

12.b. Amount.

\$100

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment.

Name of Person Filing JEFFREY DIORIO File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: X b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 10. If 9.b. or 9.c. is checked give trust or employer's name. 11.a. Nature of such dealing. LABORERS EMPLOYERS COOPERATION EDUCATION TRUST Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 451B LITTLE BRITIAN ROAD 11.b. Approximate dollar value of such dealing. City NEWBURGH 12.a. Nature of interest held or income received. TEAMSTERS 445 GOLF OUTING State New York ZIP Code + 4 12550 GOLF LUNCH BALLS 12.b. Amount. \$100 C. Received from any employer (other than an employer covered under parts A and B above)

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or L (including trade name, if any).	abor Relations Consultant		14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.

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Name of Person Filing JEFFRE	V DIORIO
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business

File Number U-

of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. LABORERS EMPLOYERS COOPERATION EDUCATION TRUST
Street 451B LITTLE BRITIAN ROAD City NEWBURGH State New York ZIP Code + 4 12550	11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. CIC GOLF OUTING GOLF DINNER BALLS HAT
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	
(including trade name, if any). Name	

State	ZIP Code + 4

or Consultant

?

14.b. Amount of payment.

Trade Name, if any:

Street

City

P.O. Box, Bldg., Room No., if any

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Name of	of F	erson	Filina	TEFFREY	DTORTO

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

File Number U-

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or included the your labor organization or with a trust in which your labor organization.	vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name	9. Business deals with: a. Labor Organization
Trade Name, if any: P.O. Box, Bldg., Room No., if any	b. Trust c. Employer
Street City	
State ZIP Code + 4	11.a. Nature of such dealing.
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	LABORERS EMPLOYERS COOPERATION EDUCATION TRUST
Street 451B LITTLE BRITIAN ROAD	11.b. Approximate dollar value of such dealing.
City NEWBURGH State New York ZIP Code + 4 12550	12.a. Nature of interest held or income received. SARATOGA GOLF OUTING GOLF DINNER BALLS
	12.b. Amount. \$150
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).		14.a. Nature of payment.
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State	ZIP Code + 4	
		14.b. Amount of payment.

or Consultant

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Name of Person Filing JEFFREY	DTORTO	
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a

substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	/ely seeking to represent, or lirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	9. Business deals with: a. Labor Organization b. Trust c. Employer
Street	o. Employer
City	
State ZIP Code + 4	
10. If 9.b. or 9.c. is checked give trust or employer's name. Name LABORER'S LOCAL 17 LECET FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. LABORERS EMPLOYERS COOPERATION EDUCATION TRUST
Street 451B LITTLE BRITIAN ROAD	11.b. Approximate dollar value of such dealing.
City NEWBURGH State New York ZIP Code + 4 12550	12.a. Nature of interest held or income received. CCA GOLF OUTING GOLF LUNCH BALLS
	12.b. Amount. \$125
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	

or from any labor relations consultant to an employer any payment of money or other thing of value.			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).			14.a. Nature of payment.
Name			
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street			
City			
State	ZIP Code + 4		
13.b. Is the Business an Employer	or Consultant	?	14.b. Amount of payment.